

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Annual EMS County Grants Award Application

DEPARTMENT: Public Safety **DIVISION:** EMS Performance Management

AUTHORIZED BY: Kenneth M. Roberts **CONTACT:** Angel Nater **EXT.** 5127

Agenda Date 2/28/06 **Regular** ☐ **Consent** ☒ **Work Session** ☐ **Briefing** ☐
Public Hearing – 1:30 ☐ **Public Hearing – 7:00** ☐

MOTION/RECOMMENDATION:

Board authorization for Chairman to execute the Emergency Medical Services, County Grant Application – Department of Health, Bureau of Emergency Medical Services.
(Angel Nater, Program Manager)

BACKGROUND:



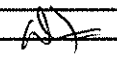
The Department of Health, Bureau of Emergency Medical Services, is authorized by Chapter 401, Part II, Florida Statutes, to distribute county grant funds. The grant program is an innovative process which helps counties expand and improve their EMS System.

In order to receive the funds, an application must be completed and signed by the Chairman.

Anticipated funds for FY 2005/2006 are \$11,712.00.

The EMS County Grant program has been in effect since 1987 and continues on an annual basis. Funds are derived from fees assigned to moving traffic violations.

Funds are applied to EMS continuing education and system quality improvement countywide.

Reviewed by:	
Co Atty:	
DFS:	
Other:	
DCM:	
CM:	
File No.	



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

December 9, 2005

TO: Chairperson, Seminole County Board of County Commissioners

SUBJECT: 2005-2006 Emergency Medical Services County Grant Application

We are pleased to provide you with the Emergency Medical Services County Grant Program Application Packet. The manual contains the application form and all information needed to request your fiscal year 2005-2006 county grant funds for the improvement and expansion of EMS within your county. We have determined that your grant award will be \$11,712.00. Please use this amount when developing your application's budget.

You must complete pages 3-4 (DH Form 1684, Rev. June 2002), and fill out the top part of page 5 (DH Form 1767P, Rev. June 2002). An original signature is required on pages 3 and 5. Send the application (pages 3 and 4) and the Request for Grant Fund Distribution form (page 5), with original signatures, and a copy of the required resolution to:

COUNTY GRANT
Program Administrator, Grants
DOH Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, FL 32399-1738

Please retain a copy of the completed grant application packet, as it contains the necessary requirements for grant management, and the forms necessary for submitting change requests and financial reports. The deadline for receiving the application materials is no later than March 31, 2006 at 5:00 PM, Eastern Standard Time. Applications are processed in the order in which they are received.

Thank you for your cooperation and support to improve and expand access to quality EMS. Please contact me at (850) 245-4440, extension 2737 or Alan Van Lewen at extension 2734 if you have any questions.

A handwritten signature in cursive script, reading "Edward L. Wilson, Jr.".

Edward L. Wilson, Jr.
Program Administrator

Enclosures: EMS County Grant Program Packet, Revised: June 2002

FAW Notice for County Grant Funds Availability

cc/enc: Mr. Angel J. Nater



FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

EMS COUNTY GRANT PROGRAM APPLICATION PACKET

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DESCRIPTION OF PROGRAM

OVERVIEW:

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

ELIGIBILITY:

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

COUNTY GRANT PROCESS

APPLICATION FORM:

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, June 2002". The BCCs will return the county grant application and resolution (item 5 on the application) to the department.

NOTICE OF GRANT AWARD:

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

APPLICATION SUBMISSION:

The BCCs must submit:

1. A completed application (DH Form 1684, June 2002) with original signatures of the authorized county official.
2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant
Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) **C**

1. County Name:	Seminole
Business Address:	1101 East First Street Sanford, FL 32771
Telephone: (000) 123-4567	407-665-7201
Federal Tax ID Number (Nine Digit Number):	VF 123-45-6789 VF5 9 6 0 0 0 8 5 6

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature:	Date:
Printed Name:	Carlton D. Henley
Position Title:	Chairman

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name:	Angel J. Nater
Position Title:	Program Manager, EMS Performance Management
Address:	150 Bush Boulevard Sanford, FL 32772
Telephone: (000) 000-0000	407-665-5127 Fax Number: (000) 000-0000 407-665-5036
E-mail Address:	abcdefg@zyx.com anater seminolecountyfl.gov

4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.
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5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
1. EMS Performance Management - EMS Trust

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Seminole County - BCC

Mailing Address: 1101 East First Street

Sanford, FL 32771

Federal Identification number Fed ID VF 596000856

Authorized Official: _____

Signature

Date

Carlton D. Henley, Chairman BCC

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID: Code: _____

Approved By : _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-25-60-00-000	N_	N2000	7 _____

Federal Tax ID: VF _____

Grant Beginning Date: October 1, _____ Grant Ending Date: September 30, _____

Department of Health

EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: _____ Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
TOTAL	\$	\$

Justification For Change:

Signature of Authorized Official

Date

For department use only.

Approved

Yes

☐

No

☐

Change No:

Department's Authorized Representative

Date

GENERAL CONDITIONS AND REQUIREMENTS

The EMS County grant general conditions and requirements are an integral part of the county grant agreement between the agency/organization (grantee) and the state of Florida, Department of Health (grantor or department). In the event of a conflict, the following requirements shall always be controlling:

FINANCIAL

FUND ACCOUNTING:

All state EMS grant funds shall be deposited by the grantee in an account maintained by the grantee, and assigned an unique accounting code designator for all grant deposits and disbursements or expenditures thereof. All state EMS grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.

USE OF COUNTY GRANT FUNDS:

All state EMS grant funds shall be used between the beginning and ending dates of the grant solely for activities as outlined in the Notice of Grant Award letter, its attachments if any, and the application including its budget with its revisions, if any, on file in the state EMS office.

The grantee is not restricted to staying within the line item amounts within the approved grant budget. However, the grantee must adhere to the approved total grant budget. Any expenditures beyond this budget are the full responsibility of the grantee.

ROLLOVERS

Any unencumbered EMS county grant program funds as of September 30, of each year, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS county grant expenditure shall be returned to the EMS county grant account maintained by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the county.

VEHICLES AND EQUIPMENT

The grantee shall own all items, including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

TRANSFER OF PROPERTY

A private organization owning any equipment funded through the grant program in whole or in part and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

REQUESTS FOR CHANGE

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, June 2002. The grantee shall obtain written approval from the department prior to making the requested changes. The following changes must be requested:

1. Changes in the project activities.
2. Redistribution of the funds between entities or equipment approved.
3. Establishing a new line item in the budget.
4. Changing a salary rate more than 10%.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

DEPOSIT OF FUNDS

County grant funds provided to an applicant shall be deposited in a separate account. All interest earned shall be documented on the required reports.

REPORTS

Each grantee shall submit two reports to the department. The due dates for the required reports shall be specified in the letter from the department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

FINAL REPORTS

Within 120 days of the grant ending date a final report shall be submitted to the department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

COMMUNICATIONS EQUIPMENT

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date. Rollover funds may be used to meet expenditures prior to receipt of current year funds.

CREDIT STATEMENT

The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

"Sponsored by [Your Organization's Name] and the State of Florida, Department of Health, Bureau of Emergency Medical Services."

If the sponsorship reference is in written or other visual material, the words, "State of Florida, Department of Health, Bureau of Emergency Medical Services" shall appear in the same size letter or type as the name of the grantee's organization.

One complimentary copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS

This is applicable, if the provider or grantee, hereinafter referred to as provider, is any local government entity, nonprofit organization, or for-profit organization. An audit, performed in accordance with section 215.97, F.S. by the Auditor General shall satisfy the requirement of this attachment.

STATE FUNDED

This part is applicable if the provider is a nonprofit organization that expends a total of \$100,000 or more in funds from the department during its fiscal year, which was not paid from a rate contract based on a set state or area-wide fixed rate for service, and of which less that

\$300,000 is federally funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the department in effect during the audit period. Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. The financial statements shall disclose whether or not the matching requirement was met for each applicable grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved. If the grantee receives funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has "received" funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

SUBMISSION OF AUDIT REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee's fiscal year to the following, unless otherwise required by F. S.:

- A. Department of Health
Office of the Inspector General
4052 Bald Cypress Way, Bin A03
Tallahassee, Florida 32399-1704
- B. Department of Health
Bureau of Emergency Medical Services
County Grant Manager
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738
- C. **Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:**

Office of the Auditor General
Post Office Box 1735
Tallahassee, Florida 32302

RECORDS RETENTION

The grantee shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

NOTICE OF FUND AVAILABILITY FOR THE FISCAL YEAR 2005-2006

FLORIDA EMERGENCY MEDICAL SERVICES (EMS) COUNTY GRANTS

AGENCY: Department of Health

GRANT TITLE: Florida EMS County Grants

PURPOSE AND EFFECT: To provide grants for pre-hospital EMS in Florida

AUTHORITY: Chapter 401, Part II, Florida Statutes (F.S.)

ELIGIBILITY: Boards of County Commissioners may apply to receive their EMS County Grants by submitting their completed EMS County Grant Application including the required County Resolution to the Department at the address below.

TO OBTAIN AN APPLICATION: An application is being mailed to the chairperson and contact person in each county. A copy is available on the EMS website, doh.state.fl.us/workforce/ems1/Grants/Grants.htm. If you do not receive the application, please call Ed Wilson, (850)245-4440, Ext. 2737 or Alan Van Lewen at extension 2734; or write: EMS County Grant Program, ATTN: Ed Wilson, 4052 Bald Cypress Way, BIN #C18, Tallahassee, Florida 32399-1738.

NUMBER OF COPIES: Submit one signed original and one copy of the application and resolution.

DEADLINE: Applications will be accepted beginning with the date of this notice. Completed applications and county resolutions must be received by the Department of Health, Bureau of Emergency Medical Services no later than 5:00 p.m. (EST), March 31, 2006.

THE FOLLOWING RESOLUTION WAS ADOPTED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, AT THEIR REGULARLY SCHEDULED MEETING OF _____, 2006.

WHEREAS, the Board of County Commissioners of Seminole County, Florida is charged with the duty of protecting the health, safety, and welfare of its citizens; and

WHEREAS, the providing of emergency medical services within Seminole County is felt to be essential to prevent disabilities and needless loss of life and health caused by accidents, sudden or acute illnesses, and other calamities that may be suffered by the citizens of Seminole County or visitors therein; and

WHEREAS, it is in the interest of public safety and welfare in Seminole County that local pre-hospital emergency medical service providers be adequately staffed, equipped, maintained, and coordinated in order to provide the most competent and efficient pre-hospital emergency medical service possible; and

WHEREAS, the Legislature of the State of Florida has passed into law Chapter 316, Florida Statutes, which provides for the collection of a surcharge of Twenty-five and No/100 Dollars (\$25.00) on fines imposed on alcohol or drug related traffic offenses and a surcharge of Five and No/100 Dollars (\$5.00) on fines imposed on all other moving traffic violations; and

WHEREAS, these monies are to be deposited in the Emergency Medical Services Trust Fund created in Chapter 401.345, Florida Statutes, and shall be used solely to improve and expand pre-hospital emergency medical services in the State, with forty-five percent (45%) of such monies being returned to the counties according to the proportion of the combined amount deposited in the Emergency Medical Services Trust Fund from the County. This forty-five percent (45%) is hereinafter referred to as "Awards"; and

WHEREAS, it is a requirement of Chapter 64E-2030(3), Florida Administrative Code, implementing Section 401.345, Florida Statutes, that the Seminole County Board of County Commissioners adopt a resolution certifying that the County's share of Awards monies from the Emergency Medical Services Trust Fund will improve and expand the County's pre-hospital emergency medical services system, and not be used to supplant existing budget resolutions; and

WHEREAS, it is a further requirement of Chapter 64-E, Florida Administrative Code, that when making annual application for an emergency medical services Award, the County shall submit the following documentation:

(a) Designation of a separate account into which the Awards monies are to be deposited.

(b) A proposed expenditure plan based on estimates of available funds.

(c) A work plan detailing goals and objectives and anticipating completion dates of the proposed projects; and

WHEREAS, the Seminole County Board of County Commissioners recognizes the value to the community of having an agency which will, after careful study and evaluation, recommend to this Board courses of action designed to meet the intent of this legislation and serve the pre-hospital emergency medical services needs of the community.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, THAT:

1. That is hereby adopts in Seminole County, Florida, the requirements of Chapter 401, Florida Statutes and Chapter 64E-2, Florida Administrative Code, as they may from time to time be amended to improve and expand pre-hospital emergency medical service within the community.

2. That the EMS Performance Management be responsible for surveying, studying, evaluation, and providing recommendations for utilization of Emergency Medical Services Trust Fund monies to improve and expand all aspects of emergency medical services in Seminole County, Florida and in those surrounding counties which may choose to cooperate. The Emergency Medical Services Trust Fund monies shall not be used to supplant existing budget resolutions.

3. The Board shall look to the EMS Performance Management for advise and recommendation in all matters involving emergency medical services in Seminole County, Florida and adjoining counties when involved in joint projects.

ADOPTED this ____ day of _____, 20____.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
CARLTON HENLEY, Chairman

Date: _____